EXHIBIT C

Case 06-10725-gwz Doc 8634-3	Entered 07/14/11 15:	38:08 Page 2 of 11
	PROOF OF CLAIM	
Name of Debtor Car	se Number	
	06-1075-LBR	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expension arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503	aware that anyone else has filed a proof of claim relating	
Name of Creditor and Address	to your claim Attach copy of statement giving particulars	
BROOKS LIVING TRUST DATED 6/30/97 C/O HOWARD D BROOKS & DOREEN C BROOKS TRUS 1894 US HIGHWAY 50 E STE 4 # 344	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case	DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT
CARSON CITY NV 89701-3202	Check box if this address differs from the address on the envelope sent to you by the	ONE OF THE DEBTORS If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again
Creditor Telephone Number (?or) \$15-0542	court	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debt	Check here repla	a previously filed claim dated
1 BASIS FOR CLAIM	etiree benefits as defined in 11 U S	C § 1114(a) 🔀 Unremitted principal
Taylor	ages salanes and compensation (fill out below) Other claims against servicer (not for loan balances)
file and the second	npaid compensation for services pe	formed from to(date)
2 DATE DEBT WAS INCURRED	3 IF COURT JUDGMENT, DATE C	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that bes		
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$	SECURED CLAIM	
Check this box if a) there is no collateral or lien securing your claim or b) your exceeds the value of the property securing it or if c) none or only part of your claim.	r claim	our claim is secured by collateral (including
entitled to priority UNSECURED PRIORITY CLAIM	Brief description of	collateral
Check this box if you have an unsecured claim all or part of which is	Real Estate	
entitled to priority Amount entitled to priority	Value of Collateral	\$ 300,000 +
Specify the priority of the claim	secured claim, if any	nd other charges <u>at time case filed</u> included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2 225* of deposits toward services for personal family of	ard purchase lease or rental of property or ir household use 11 U S C § 507(a)(7)
Wages salaries or commissions (up to \$10 000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's		vernmental units - 11 U S C § 507(a)(8)
business whichever is earlier - 11 U S C § 507(a)(4)	Other Specify applicable part	agraph of 11 U S C § 507(a) ()
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		stment on 4/1/07 and every 3 years thereafter ced on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ \$ 3.	00,000 \$	\$ 300,000
AT TIME CASE FILED (unsecured) Check this box if claim includes interest or other charges in addition to the pr	(secured)	(pnonty) (Total)
6 CREDITS The amount of all payments on this claim has been credited	and deducted for the purpose of n	aking this proof of claim
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting docume</u> , running accounts contracts court judgments mortgages security agre DOCUMENTS If the documents are not available explain. If the documents are not available.	ements, and evidence of perfection	of lien DO NOT SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the fili proof of claim		•
The original of this completed proof of claim form must be sent by ACCEPTED) so that it is actually received on or before 5 00 pm, prifor each person or entity (including individuals, partnerships, corp	evailing Pacific time, on Novemb	er 13, 2006 USE ONLY and
BMC Group BM	HAND OR OVERNIGHT DELIVERY TO IC Group n USACM Claims Docketing Cente	EILED MON O & SOOR
P O Box 911 133 El Segundo CA 90245-0911 El S	30 East Franklin Avenue Segundo, CA 90245	
DATE SIGN and print the name and title if any of the critical form of the critical factories of attorney Howard DaBrooks The	If any)	USA CMC
MOUNEDABYOOKS THE	Howard & Jou	10/2501050

United States Bankruptcy Court	PROOF OF CLAIM				
Name of Debtor	Cas	e Numb	er		11.00.01.004.01
USA COMMERCIAL MORTHAGE CO	0	6-10	57	25-LBR	
NOTE This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense may	trative e	xpense a d pursua	nsinį ni to	after the commencement of USC \$ 503	1
		-	-		
Name of Creditor (The person or other entity to whom the dubtor owes money or property) VOLCELE COLLEGE				Ou are aware that anyone proof of claim relating to	
AN UNMARRIED WOMEN & CHARLES R	ус	our clain	a Att	tach copy of statement	NACIONAL PROPERTY OF THE PROPE
dibior owes money or property) VALERIC CALLAHAU, AN UNMARRIED WOMEN & CHARLES R MARADON AN UNMARRIED MAN 45 JOINT JENEUTS WITH RIGHT OF SURVIVERSHIP		ving par		rs ou have never received ai	or periods
Name and address where notices should be sent Chokes R MARAPEN	no	neck ood	n ye m th	ou have never received an	is the second of
17585 CREEK LACST DR	€ ca	se.			E
Reno, NV 89511				e address differs from the envelope sent to you by	
Telephone number 775 851 8898	the	e court.	mental		THIS SPYCE IS FOR COURT US, ONLY
Last four digits of account or other number by which creditor identifies debtor	1	neck ner this clair		replaces	filed claim dated
	ernestra minuscricio	uns ciar		diameter and the second	
1 Rasis for Claim		님		ree benefits as defined	
Goods sold Services performed		Ц	Las	t four digits of your SS	nsation (fill out below)
Money loaned				paid compensation for s	
Personal injury/wrongful death			fron	n	to
Other See Exhibit A				(date)	(date)
2. Date debt was incurred	3	If c	ourt	judgment, date obtan	red
4-18-05					
4 Classification of Claim Check the appropriate box or boxes th	at best d	escribe	your	claim and state the amoi	int of the claim at the time case filed
See reverse s de for important explanations Unsecured Nonpriority Claim 3294, 86942				i Claim	
			C	neck this pox if your clai	m is secured by collateral (including
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c)	r ciaim of none or	or an	ight (of setoff)	, , , , , , , , , , , , , ,
only part of your claim is chimica to priority	-	4		nef Description of Co'la	
Unsecured Priority Claim				· hvand	or Vehicle D Other
Check this box if you have an unsecured claim all or part of we entitled to priority	hich is			ilue of Collateral \$	
Amount entitled to priority \$				of arrearage and other claim of any \$ 42	narges at time case filed included in
	_	L			
Specify the priority of the claim	L	Up to or sea	SZ Z	225" of deposits toward s for personal "amily or	purchase lease or rental or property household use - 11 U S C
Domes is support obligations under 11 U.S.C. § 507(a)(1)(A) o	r —	§ 507	7(a)(7	7)	
Wages salaries or commissions (up to \$10 000) * earned within	ــا 180				mental units - 11 L S C § 507(a)(8)
days before filing of the bankruptcy petition or cessation of the debt business, whichever is earlier - 11 U S C § 507(a)(4)	ors L				ph o* 11 USC § 507(a)()
Contributions to an employee benefit plan - 1: USC & 507(a	•	a <i>mounis</i> with i	are respe	subject to adjustrient on ct to cases commenced o	4/1 '07 and every 3 years thereafter on or after the date of adjustment
5 Total Amount of Claim at Time Case Filed			-	9.42 29486942	
		france	rmr	(secured)	(manufacture)
Check this box if claim includes interest or other charges in add interest or additional charges	lition to	the prin	cipal	amount of the claim Ai	tach itemized statement of all
6 Credits The amount of all payments on this claim has been	credited	and de	ducte	ed for the purpose of	THIS SPACE IS FOR CHERT USE ONLY
making this proof of claim				• •	FIND DIVICED HAND CRIT USE ONLY
7 Supporting Documents Attach copies of supporting documents orders involves themselved statements of supporting documents	ents suc	h as pro	miss	ory notes purchase	
orders invoices itemized statements of running accounts contra agreements and evidence of perfection of lien DO NOT SEN	Cts, cour	rt judgm	ents	mortgages security	(Final Property Control of Contro
documents are not available, explain. If the documents are voluments are voluments are voluments are voluments.	minous :	attach a	sumi	nary rine	
8. Date-Stamped Copy To receive an acknowledgment of the file	ing of yo	our class	n en	close a stamped self-	LED JAN 11 2007
addressed envelope and copy of this proof of claim Date See and print the name and title if any of the	h o				
Date Sign and print the name and title if any of the file this claim (attach dopy of power of attor	ne credit ney if a	or or ot ny)	ner p	erson authorized to	a state of the sta
1/8/07 / // // /		-			
" has landen					USA CMC
Penaity for presenting fraudulent claim. Fine of up to \$500,000 or	ımprison	ment fo	rup	to 5 years or both 18 U	S C 1072502061

	aar come roj (10/03)					
UNITED STATES	BANKRUPTCY COURT	Dr	STRICT O	F Nevada		PROOF OF CLAIM
Name of Dubtor	_		Number			or ourself
USA COMI	MERCIAL MORTGASE COMPAN	7	06-	10725-LBR		
	hould not be used to make a claim for an admini-				nt .	
of the case. A requ	uest for payment of an administrative expense ma	ly be filed	pursuant to) II USC. § 703		
	The person or other entity to whom the			ou are aware that anyone		
CHAUES B	OUNN, IN TRUST DATED 8/12/05			i proof of claim relating to ttach copy of statement	°	
clo CHARLES	B DUNN, IN TRUSTEE		ing particul		I	
Name and address	where notices should be sent			ou have never received a he bankruptcy court in th		
CHANLES B	DUNN, IV	cas		ne bankrupicy court in th	13	
Grass Val	lene way			he address differs from the envelope sent to you by	e	
Telephone number	lene Way ley, CA 95949 -7161 (530) 273-3980	1	court.	curciope sear to you by	Tı	HIS SPACE IS FOR COURT USE ONLY
Last four digits of a	ccount or other number by which creditor		eck here	replaces	e 1 1 . 1 .	
identifies debtor		ir t	his claim	amends a previously		
1 Basis for Cla			1I	tiree benefits as defined		
Goods 9	sold s performed			ges salaries, and compe st four digits of your SS		(IIII out below)
Money!	loaned			paid compensation for s		performed
Personal Taxes	il injury/wrongful death		fro	m	to	
Other -	SEE EXHIBIT A			(datc)		(date)
2 Date debt wa	as incurred 5 - 27 - 04	3.	If cour	judgment, date obtain	ned.	
4.00						
4 Classification of Sec reverse side	of Claim Check the appropriate box or boxes the for important explanations	at best de			unt of th	e claim at the time case filed
Unsecured Nonp	riority Claim \$ 345, 498 04			d Claim		
Check this bo	ox if a) there is no collateral or lien securing you eds the value of the property securing it, or if c)	r claim o	r a right	heck this box if your clair of setoff)	m is seci	ured by collateral (including
b) your claim exceed only part of your c	eds the value of the property securing it, or if c) is also is entitled to priority	none or		,	1	
Unsecured Priorit				rief Description of Colla Real Estate Mot		de Other
L3	x if you have an unsecured claim all or part of w		· -			IOWN
entitled to priority	x ii you have an unsecured claim an or part of w	vnich is	Amoun	t of arrearage and other o	harges a	t time case filed included in
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Specify the priority of	the claim	П	Un to \$2.	225* of denosits toward	purchase	e, lease or rental of property
	ort obligations under 11 USC § 507(a)(1)(A) o	_ LJ	or service	s for personal family or	househo	old use - 11 U S C
(a)(1)(B)	ar conganous under 11 U.S.C. 4 SUR(1)(1)(A) U	· 🗀	§ 507(a)(. •	111100 1000
Wages salaries	or commissions (up to \$10 000),* earned within	h 180 片				mits - 11 USC § 507(a)(8)
days before filing of business whichever	s, or commissions (up to \$10 000),* earned within the bankruptcy petition or cessation of the debters earlier - 11 U S C & 507(a)(4)	ل_ا ors ₄∡		pecify applicable paragra		und every 3 years thereafter
	to an employee benefit plan - 11 USC § 507(a		with respe	ect to cases commenced o	on or afte	er the date of adjustment
	nt of Claim at Time Case Filed		345,49	18.04 345.448.04		395,498 04
	if claim includes interest or other charges in add	lition to th	(unsecured	(secured)	(pnon	tv) (Total)
miterest or addit	uonai charges				cacii itei	mized statement of all
6 Credits The	e amount of all payments on this claim has been	credited :	and deduct	ed for the purpose of	Turs 3	SPACE IS FOR COURT USE ONLY
making this proof Supporting Do	of claim Ocuments Attach copies of supporting documents					
orders invoices	itemized statements of running accounts, contra	enus, such Icts court	as promiss rudoments	ory notes, purchase , mortgages, security		
agreements and	evidence of perfection of lien DO NOT SEN	D ORIGI	NAL DOC	UMENTS If the		
documents are n	ot available explain. If the documents are volui	minous, at	tach a sum	mary		• • • 1 2007
8 Date-Stamped addressed envelopment	Copy To receive an acknowledgment of the fil	ling of yo	ur claım, er	close a stamped salf	j) '	1 1 200/
Date /	Sign and profit the name and title, if any, of the	he credito	r or other r	erson authorized to	1	
1/10/00	file this claim (attach copy of power of attor	ney if an	y)	The same of the sa		
וטוטוןי	Charle D.		IV	rustee	4	4
	CHARCES B. DUNN, IV			*		EILED JAN 11
renalty for present	ing fraudulent claim. Fine of up to \$500 000 or	unprisonn	nent for up	to 5 years or both. 18 U	SC §§	
						USA CMC

Case 06-10725-gwz Doc 8634-3 Entered 07/14/11 15:38:08 Page 5 of 11 FORM B10 (Official Form 10) (10/05)

UNITED STATES BA	United States Bankruptcy Court District of Nevada (Las Vegas)					
Name of Debtor USA Commercia	of Debtor USA Commercial Mortgage Company Case Number 06-10725-LBR					
	d not be used to make a claim for an administ for payment of an administrative expense ma					
debtor owes money or p		els you	eck box if you are aware that anyone e has filed a proof of claim relating to ur claim Attach copy of statement			
May 10, 2005 Name and address when	ne K Bass Family Trust dated	☐ Ch	eck box if you have never received any			
c/o Scott D Fleming, En Hale Lane Peek Dennise	sq on and Howard	cas	tices from the bankruptcy court in this se leck box if the address differs from the			
3930 Howard Hughes P Las Vegas Nevada 891	69	ado	dress on the envelope sent to you by	THIS SPACE IS FOR COURT USE ONLY		
Telephone number 702		Check	there replaces	THIS SPACE IS FOR COOK! USE CIVE!		
	nt or other number by which creditor count ID 6759	ıf thıs		viously filed claim, dated		
1 Basis for Claim Goods sold Services perform Money loaned Personal injury/ Taxes		□ W La Ur	ettree benefits as defined in 11 U S C § 12 (ages, salaries, and compensations (fill out list four digits of SS #	t below)		
2 Date debt was incu	rred 12/6/02	3 If	(date) (date) court judgment, date obtained	AL		
See reverse side for Unsecured Nonpriority	aim Check the appropriate box or boxes that important explanations Claim \$Unknown (see Attachment A)		Secured Claim			
	here is no collateral or lien securing your clai he value of the property securing it, or if c) no is entitled to priority		Check this box if your claim is secularistic a right of setoff) Brief Description of Collateral	red by confidential (including		
Unsecured Priority Cla	aım		Real Estate Motor Vehicle	Other		
Check this box if you entitled to priority	ou have an unsecured claim, all or part of whi	ch 1s	Value of Collateral \$ Amount of arrearage and other charges	at time case filed included in		
Amount entitled to prior	nty		secured claim, if any \$			
Specify the priority of the Domestic support (a)(1)(B)	ne claim obligations under 11 USC § 507(a)(1)(A) or		Up to \$2,225* of deposits toward pt or services for personal, family, or h § 507(a)(7)	urchase, lease, or rental of property nousehold use — 11 U S C		
	A C D DON TO COMPANY	100	☐ Taxes or penalties owed to governm	nental units - 11 U S C § 507(a)(8)		
days before filing of the	commissions (up to \$10,000) * earned within bankruptcy petition or cessation of the debtor arlier — 11 U S C § 507(a)(4)	'S	*Amounts are subject to adjustment of with respect to cases commenced on or			
	employee benefit plan — 11 U S C § 507(a)	(5)				
 Total Amount of Class Check this box if class interest or additional 	m includes interest or other charges in addition	n to the	\$ <u>Unknown</u> (unsecured) (secured) principal amount of the claim Attach ite	(priority) (Total) mized statement of all		
6 Credits The amoun	nt of all payments on this claim has been cred	ited and	deducted for the purpose of	THIS SPACE IS FOR COURT USE ONLY		
making this proof of	claim		• •			
7 Supporting Docume orders, invoices, item	ents Attach copies of supporting documents, nized statements of running accounts, contrac	sucn as ts, court	judgments, mortgages security			
agreements, and evid documents are not av	lence of perfection of hen DO NOT SEND (vailable, explain If the documents are volum y To receive an acknowledgement of the file	ORIGIN. inous at	AL DOCUMENTS If the ttach a summary	FILED JAN 11 2007		
addressed envelope a	and copy of this proof of claim					
Date	Sign and print the name and title, if any, of file this claim (attach copy of power of atto					
January 10, 2007	USA CMC					

UNITO STAILS	BANKRUPTCY COURT	Dr	STRICT O	F Neva	da	PROOF OF CLAIM
Name of Debtor U	Name of Debtor USA Commercial Mortgage Company Case Number 06-10725-LBR					PROOF OF COAIM
	ould not be used to make a claim for an admini- est" for payment of an administrative expense ma					
debtor owes money		else	has filed	a proof of	rare that anyone claim relating to of statement	
Rosann	ne L. Clark a single woman	I	ing particu		ever received any	
Name and address v	where notices should be sent		ices from		ptcy court in this	
2350 High Terra Reno, NV 89509		Che	eck box if		differs from the	
Telephone number		the	COUPL.	· 		THIS SPACE IS FOR COURT USE ONLY
Last four digits of ac identifies debtor	count or other number by which creditor		ack here has claim	replacer amenda		led clarm, dated
Money ! Personal	oid performed		U W	ages salar ast four dig apard com	ies, and compen pts of your SS #	HUSC § III4(a) sation (fill out below)
	es incurred: 6/95/04	3.	lf cou	rt judgme	nt, date obtaine	d.
See reverse side Unsecured Nonpi Check this bose only part of your claim excess only part of your claim excess only part of your claim. Check this bose entitled to priority Amount entitled to Specify the priority of the pr	r if you have an unsecured claim, all or part of v	which is	Amou secure Up to \$2 or service \$ 507(a) Taxes or Other - \$ mounts ar	Claims Check this to f setoff) Brief Description Real Ed Value of Cont of arreard claim, if 2,225° of dose for perso(7) penalties of Specify apples subject to case	box if your claim ription of Collate state Moto odiateral \$ U rage and other ch any \$ in 9 2 leposits toward p conel family or le owed to governor plicable paragrap on adjustment on 4	ral r Vehicle Other——— nknown arges at time case filed included in
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making this proof 7 Supporting De- orders invoices agreements, and documents are in 8. Date-Stamped	e amount of all payments on this claim has been of of claim ocuments: Attach copies of supporting documents: Attach copies of supporting documents attended statements of running accounts, contravidence of perfection of lien. DO NOT SEN of available, explain. If the documents are volutionally. To receive an acknowledgment of the flope and copy of this proof of claim.	<i>ients,</i> such acts, courl ID ORIGI iminous, a	i as promi: Ljudgmen INAL DO ttach a sui	ssory notes ts, mortgaj CUMENT mmary	s, purchase ges, security 'S If the	THE SIMO IS FOR COURT US ONLY LED JAN 12 2007
Date 01/10/07	Sign and print the name and title, if any, of file this claim (attach copy of power of atto	rney, if an	or or other	person su		
	Rosanne L Clark	refl	Kar	\mathcal{U}	ر محمد باین استان	USA CMC

Penalty for presenting fraudulent claim. Fine of up to \$500,000 or impresonment for up to 5 years, or both. 18 L.

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Case 06-10725-gwz Doc 8634-3 Entered 07/14/11 15:38:08 Page 7 of 11 FORM B10 (Official Form 10) (10/05)

	Oldin Bio (Ollicial i oli	11 10) (10/05)				· · · · · · · · · · · · · · · · · · ·		
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA (LAS VEGAS)						PROOF OF CLAIM		
	Name of Debtor Case Number				nber:			
	USA Commercial Mortgage Company		0	6-10725LBR				
		I not be used to make a claim for an administ for payment of an administrative expense ma						
The same of the sa	debtor owes money or pr							
	Cohen Living Trust	dated March 6, 1990	giv	ing particulars.	ve never received any	FILED NOV 1 0 2006		
	Name and address where c/o Scott D. Fleming, Esc			tices from the bank	cruptcy court in this			
	Hale Lane Peek Denniso	n and Howard	l		ress differs from the			
ļ	3930 Howard Hughes Pa Las Vegas, Nevada 8916		ado	tress on the envelo				
-	Telephone number: 702-		the	court.		THIS SPACE IS FOR COURT USE ONLY		
-		nt or other number by which creditor	Check		replaces			
-		count ID 2320	if this	claim	a pre	viously filed claim, dated:		
	1. Basis for Claim Goods sold Services perform Money loaned Personal injury/v Taxes		□ W La Uı	ages, salaries, an	defined in 11 U.S.C. § 1 d compensations (fill ou	t below)		
	2. Date debt was incur	red: See Attachment A	3. If	court judgment,	, date obtained:			
	See reverse side for i Unsecured Nonpriority a) Check this box if: a) the by Your claim exceeds the only part of your claim is: Unsecured Priority Cla Check this box if your entitled to priority. Amount entitled to priority of the Domestic support of (a)(1)(B) Wages, salaries, or days before filing of the business, whichever is early Contributions to an	tim but have an unsecured claim, all or part of which ity e claim: bligations under 11 U.S.C. § 507(a)(1)(A) or commissions (up to \$10,000),* earned within bankruptcy petition or cessation of the debtorarlier—11 U.S.C. § 507(a)(4). employee benefit plan—11 U.S.C. § 507(a)	im, or one or ich is	Secured Claim Check this a right of set of Brief Desc. Real Est Value of C Amount of arresecured claim, Up to \$2,22 or services \$ 507(a)(7) Taxes or postation are with respect to	box if your claim is sectif). ription of Collateral: state Motor Vehicle collateral: \$	e at time case filed included in urchase, lease, or rental of property household use — 11 U.S.C. mental units - 11 U.S.C. § 507(a)(8). 4/1/07 and every 3 years thereafter after the date of adjustment.		
	5. Total Amount of Cla	im at Time Case Filed:		\$ Unknow (unsecured		(priority) \$ Unknown (Total)		
	Check this box if clair interest or additional	m includes interest or other charges in additional charges.	on to the	•	·	* * *		
	making this proof of Supporting Docume orders, invoices, item agreements, and evid documents are not av Date-Stamped Copy addressed envelope a	ents: Attach copies of supporting documents nized statements of running accounts, contract lence of perfection of lien. DO NOT SEND vailable, explain. If the documents are volumers to receive an acknowledgement of the file of the copy of this proof of claim.	s, such as ets, court ORIGIN ninous, a ing of yo	promissory note i judgments, mort AL DOCUMEN ttach a summary. our claim, enclose	s, purchase gages, security TS. If the e a stamped, self-	THIS SPACE IS FOR COURT USE ONLY FILED N. 7 1 2 2006		
-	Date	Sign and print the name and title, if any, of file this claim (attach copy of power of atta			son authorized to	USA CMC		
-	November 9, 2006	/s/ Scott D. Fleming, Esq.						

United States Bankrupicy Court	DISTRICT OF Nevada	PROOF OF CLAIM
Name of Dubtor	Case Number	
U.S.A Commercial Mortgage Co	06-10725-LB	
NOTE This form should not be used to make a claim for an admini- of the case. A request for payment of an administrative expense ma	strative expense arising after the commencementary be filed pursuant to 11 USC § 503	nt
Name of Creditor (The person or other entity to whom the	Check box if you are aware that anyone else has filed a proof of claim relating to	
dubtor owes money or property) Shirley M Collins trustee as her some asepalate property	your claim Attach copy of statement	.0
Name and address where nonces should be sent	giving particulars Check box if you have never received a	inv
	notices from the bankruptcy court in the	
Shirley M Collins Court 1975 Snow berry Court Telephone rubined, Ca 92009	Check box if the address differs from the address on the envelope sent to you by	ne l
	the court	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Check here replaces a previously	filed claim dated <u>12-15-06</u>
1 Basis for Claim	Retiree benefits as defined	**
Goods sold Services performed	Wages salaries and compe Last four digits of your SS	
Money loaned Personal injury/wrongful death	Unpaid compensation for s	services performed
Taxes Constant 1 1 1 1	from(date)	to(date)
2 Date debt was incurred		
12-16-2000		
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations	at best describe your claim and state the amo-	unt of the claim at the time case filed
Unsecured Nonpriority Claim \$	Secured Claim	
Check this box if a) there is no collateral or lien securing your b) your claim exceeds the value of the property securing it or if c) is only part of your claim is entitled to priority	Check this box if your claim, or a right of setoff)	m is secured by collateral (including
only part of your claim is entitled to priority	Brief Description of Colla	teral
Unsecured Priority Claim	Real Estate Mot	or Vehicle Other
Check this box if you have an unsecured claim all or part of we entitled to priority		
Amount entitled to priority \$	secured claim if any \$ 12	harges <u>at time case filed</u> included in 5 4 9 0 3
Specify the priority of the claim		purchase lease or rental of property
Domestic support obligations under 11 USC § 507(a)(1)(A) or (a)(1)(B)	[
Wages salaries, or commissions (up to \$10 000) * earned within days before filing of the hankruntcy petition or cassation of the dates	Taxes or penalties owed to governi 180 Other - Specify applicable paragra	mental units - II USC § 507(a)(8)
days before filing of the bankruptcy petition or cessation of the debto business whichever is earlier 11 U S C § 507(a)(4)		4/1/07 and every 3 years thereafter
Contributions to an employee benefit plan 11 U S C \ 507(a)	(5) with respect to cases commenced o	n or after the date of adjustment
5 Total Amount of Claim at Time Case Filed	\$880 190 3 4 880 190.24 (unsecured) (secured)	8889190.24
Check this box if claim includes interest or other charges in additional charges	ition to the principal amount of the claim. At	(priority) (Total) tach itemized statement of all
6 Credits The amount of all payments on this claim has been of making this proof of claim	credited and deducted for the purpose of	THIS SPACE IS FOR COURT USE ONLY
7 Supporting Documents Attach copies of supporting document	nts such as promissory acts, and	2, 3, 1, 2, 3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
motion in the contract statements of funning accounts contract	te court uidomente monteces	
agreements and evidence of perfection of lien DO NOT SENE documents are not available, explain If the documents are voluments are voluments are voluments.	ODICINIAL POCULARAMO ACA	an 1 1 200
I o Date-Stamped Copy to receive an acknowledgment of the file	ng of your claim, enclose a stamped self-	FILED JAN 11 200
envelope and copy of this proof of claim		
Date Sign and print the name and title if any, of the file this claim (attach copy of power of attorn	ey if any)	
Thirty M. Collins, to	ustee	USA CMC

UNITED STATES BANKRUPTCY COURT	Dis	TRICT	OF	Nevada	
Name of Debtor		Number			PROOF OF CLAIM
115A COMMERCIAL MORTSHARE COMPA	1			25-LBR	
NOTF This form should not be used to make a claim for an adminis	7		_		
of the case A request' for payment of an administrative expense ma					_
Name of Creditor (The person or other entity to whom the				ou are aware that anyone proof of claim relating to	
DEEDRA COCK, HUSBAND AND WIFE, AS	you	r claım	Att	ach copy of statement	
JUNT JENANTS WITH RIGHTS OF SURLINGESHIP	m -	ng parti			
Name and address where notices should be sent				u have never received any e bankruptcy court in this	
ALDON G. COOK 1435 E UENICE AUE # 261	Case				
UENICE FL 34292	} ======			e address differs from the envelope sent to you by	THIS SPACE IS FOR COURT USE ONLY
Telephone number 941 - 491 - 4955	 	court.		V .	THIS SPACE IS FOR COURT OUT ONLY
Last four digits of account or other number by which creditor identifies debtor		ck here is claim		replaces amends a previously fi	led claim, dated <u>/ ~ - / 2 - 0</u> 6
1 Basis for Claum				ree benefits as defined in	
Goods sold				es, salaries and compens four digits of your SS #	
Services performed Money loaned				aid compensation for sei	
Personal injury/wrongful death			_	· 1	-
Other SEE EXHIBIT A				(date)	(date)
2. Date debt was incurred.	3.	If co	mrt	judgment, date obtaine	d∙
114-C5		** **		Jacob Doming	•
4 Classification of Claim. Check the appropriate box or boxes th	at best des	cnbe y	our c	claim and state the amoun	t of the claim at the time case filed
See reverse side for important explanations. Unsecured Nonpriority Claim \$ 140.087		Sect	ured	l Claim	
Check this box if a) there is no collateral or lien securing you			. Ch	eck this box if your claim	is secured by collateral (including
b) your claim exceeds the value of the property securing it, or if c)	none or	a rig	ght o	f setoff)	
only part of your claim is entitled to priority	····		-	nef Description of Collate	the second secon
Unsecured Priority Claim				Real Estate Motor	Vehicle Other——
Check this box if you have an unsecured claim all or part of ventitled to priority	vhich is	١			
Amount entitled to priority \$				of arrearage and other characters, if any \$\psi n \kappa \k	nges <u>at time case filed</u> included in
Specify the priority of the claim	П	Un to	\$2.2	25* of deposits toward p	irchase lease or rental of property
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) of	. L	or serv	/ices	for personal family or h	ousehold use - 11 USC
(a)(1)(B)	П	§ 507(ental units - 11 USC § 507(a)(8)
Wages, salaries, or commissions (up to \$10 000) * earned within	n 180			_	n of 11 USC § 507(a)()
days before filing of the bankruptcy petition or cessation of the debt business, whichever is earlier - 11 U S C § 507(a)(4)	ors ∐ *An		-		/1/07 and every 3 years thereafter
Contributions to an employee benefit plan - 11 U.S C § 507(a					or after the date of adjustment
5 Total Amount of Claim at Time Case Filed	\$	142	_		142,790,06
Check this box if claim includes interest or other charges in additional charges	dition to th	(unsec			(priority) (Total) ch itemized statement of all
6. Credits The amount of all payments on this claim has been	credited a	nd ded	ucte	d for the purpose of	THIS SPACE IS FOR COURT USE ONLY
making this proof of claim					THE STATE IS THE CHORT USE ONLY
7 Supporting Documents. Attach copies of supporting docum	ents, such	as pron	nissc	ory notes, purchase	
orders invoices itemized statements of running accounts, contra agreements, and evidence of perfection of lien DO NOT SEN	ED ORIGI	judgme Val in	ents, Ocr		
documents are not available, explain If the documents are volu-				nary	FILED JAN 12 200
8 Date-Stamped Copy To receive an acknowledgment of the fi addressed envelope and copy of this proof of claim				close a stamped self-	ILLU OTTO
Date Sign and print the name and title, if any, of t	he creditor	or oth	er pe	erson authorized to	
file this claim (attach topy of power of attor	mey, if any	<i>(</i>)			
111.07 01/1at A.G.C.	not				USA CMC
Penalty for presenting fraudulent claim. Fine of up to \$500,000 or		ent for	up i	to 5 years or both 18115	-

- Caso	06-10725-gwz Doc 8634		ered 07/14/11 15:3	8·08 Pane	2 10 of 11
Casc			OOF OF CLAIM	i aga	
Name of Debtor		Case Nu	ımber	†	
USA Commercial	- MORTE AGE CO	BK-S	-06-10725-CBR		
W. Condiepens	,		pref 11	5	
This form should not be used arising after the commencem	t of Debtors and Case Numbers d to make a claim for an administrative ex nent of the case A "request" for paymen be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating		
Name of Creditor and			to your claim Attach copy of statement giving particulars		
	113212410001 COWMAN & SANDRA L COWMAN	59	Check box if you have never received any notices		
1	RWOOD AVE / 89434-6730		from the bankruptcy court or BMC Group in this case	SECURED INTER	IS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT RECORD
			Check box if this address differs from the address on the envelope sent to you by the		eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number			court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or	other number by which creditor identifies	s debtor	Check here replain or amer	2 DEDVIOLEN	filed claim dated
1 BASIS FOR CLAIM					—
Goods sold	Personal injury/wrongful death	Retiree	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Services performed	Taxes		salaries and compensation (fill out below)	(not for loan balances)
↓ = '			r digits of your SS #		(1101 101 1001)
Money loaned	M Other (describe briefly) of Contract - Direct L	ا Unpaid کا کا محمد	compensation for services pe	rformed from	to
SREACH					(date) (date)
4 CLASSIFICATION OF CL See reverse side for importan	AIM Check the appropriate box or boxes th		OURT JUDGMENT, DATE On the your claim and state the amo		he time case filed
UNSECURED NONPRIORI	•		SECURED CLAIM		
Check this box if a) there i	is no collateral or lien securing your claim or li property securing it or if c) none or only part of		a right of setoff)		red by collateral (including
UNSECURED PRIORITY CL	LAIM		Brief description of	_	П
Check this box if you have entitled to priority	an unsecured claim all or part of which is		Value of Collateral	Motor Vehicle \$ \$\mathcal{L}\$.	42 Millow
Amount entitled to priority	\$		Amount of arrearage a	nd other charges	at time case filed included in
Specify the priority of the c			300dred claim in any	V	
Wages salanes or commi	ons under 11 U S C § 507(a)(1)(A) or (a)(1)(B) ussions (up to \$10 000)* earned within 180 day otcy petition or cessation of the debtor's	L	Up to \$2 225* of deposits town services for personal family of	or household use -1	1 U S C § 507(a)(7)
	rlier 11 U S C § 507(a)(4)	<u> </u>	Taxes or penalties owed to go Other Specify applicable par		* ''''
Contributions to an employ	yee benefit plan 11 U S C § 507(a)(5)	<u>L.</u>	* Amounts are subject to adju- with respect to cases commer	stment on 4/1/07 ar	nd every 3 years thereafter
5 TOTAL AMOUNT OF CLA	AIM \$	162	950,00\$		\$ 142 950.
AT TIME CASE FILED	(unsecured)	(secured)	(рполту)	(Total)
Check this box if claim incl	dudes interest or other charges in addition to	the principal	amount of the claim Attach ite	mized statement o	of all interest or additional charges
7 SUPPORTING DOCUL running accounts contract	of all payments on this claim has been cr MENTS Attach copies of supporting do cts, court judgments mortgages, security cuments are not available explain. If the	<i>cuments.</i> s y agreemen	uch as promissory notes pur ts and evidence of perfection	chase orders inv	oices, itemized statements of
	PY To receive an acknowledgment of		•	•	l envelope and copy of this
ACCEPTED) so that it is for each person or entit	npleted proof of claim form must be se s actually received on or before 5 00 p ty (including individuals, partnerships	m, prevailii	ng Pacific time, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO BMC Group Attn USACM Claims Doo	cketing Center	BMC Gro	OR OVERNIGHT DELIVERY TO DUP ACM Claims Docketing Cente	ar .	
P O Box 911 El Segundo CA 90245-0		1330 Eas	st Franklin Avenue ndo CA 90245	F	ILED DEC 11 2006
DATE	SIGN and print the name and title if any of			,	
12-6-06	Kut A Course	orney (fany)	Robert A. C Creener Direct	owner FLEWER	USA CMC
Penalty for presenting fraudulen	nt claim is a fine of up to \$500 000 or imprisonn	ment for up to		152 AND 3571	1072501725

UNITED STAILS BANKRUPTCY COURT	Dis	TRICT	OF	Nevada	77777
Name of Dubtor	Case	Numbe			PROOF OF CLAIM
USA Commercial Mortgage Compa				25- LBR	
NOTE. This form should not be used to make a claim for an adminis	strative exp	ense ar	nsing	after the commencement	
of the case A request for payment of an administrative expense ma	y be filed	pursuar	ol lo	11 080 9705	1
Name of Creditor (The person or other entity to whom the dubtor owes money or property)				u are aware that anyone proof of claim relating to	
Darlene Hammond trustee of the	you	r claım	Atta	ach copy of statement	
Dar Living trust dated 2/12/03	l — ~	ng parti ck hox		s u have never received any	
Name and address where notices should be sent Darlene Harmmond	note	ces fro		bankruptcy court in this	
308 La Rux Cr	Case Che		if the	address differs from the	
Las V2903, NV 87145 Telephone number 702-240-2425	1	ress on court.	the e	nvelope sent to you by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor	Che	ck here		replaces	
identifies debtor	ıf th	ıs claın	n	amends a previously file	d claim dated
1 Basis for Claim				ree benefits as defined in less salaries and compensa	
Goods sold Services performed		ш	Last	four digits of your SS #	
Money loaned			-	aid compensation for serv	-
Personal injury/wrongful death Taxes SEEN, b. + A			from	(date)	o(date)
Z viidi				,,	
2. Date debt was incurred	3.	if co	ourt į	judgment, date obtained	
4 Classification of Claim Check the appropriate box or boxes th	at best des	cribe y	our c	claim and state the amount	of the claim at the time case filed
See reverse side for important explanations Unsecured Nonpriority Claim \$ 1646 28 50		Sec	ured	Claim	
E-2	ır claım, or		Ch	eck this box if your claim if setoff)	s secured by collateral (including
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority	none or] ""	_	ef Description of Collatera	1
Unsecured Priority Claim		1	Name of Street, or other Designation of the last of th	Real Estate Motor	
Check this box if you have an unsecured claim all or part of v	which is		Va	lue of Collateral \$ UN	KNOWN
entitled to priority		Am	ount	of arrearage and other char	ges at time case filed included in
Amount entitled to priority \$		secu	ired o	claim, if any \$ 2 4 44	67
Specify the priority of the claim				25* of deposits toward pur for personal family, or ho	chase, lease or rental of property
Domestic support obligations under 11 USC § 507(a)(1)(A) o	or	§ 507			uschold use - 11 0 5 C
Wages salaries or commissions (up to \$10,000) * earned with	n 180 🗔		•	J	ntal units - 11 USC § 507(a)(8)
days before filing of the bankruptcy petition or cessation of the debt business, whichever is earlier - 11 U S C \$ 507(a)(4)	or's		_		of 11 USC § 507(a)()
Contributions to an employee benefit plan - 11 U S C \ 507(a					107 and every 3 years thereafter or after the date of adjustment
5 Total Amount of Claim at Time Case Filed		1646	28	50 1646850	16468850
Check this box if claim includes interest or other charges in add		(unsex	cured)	(secured) (priority) (Total)
interest or additional charges					· · · · · ·
6 Credits The amount of all payments on this claim has been making this proof of claim	credited a	nd ded	lucte	d for the purpose of	THIS SPACE IS FOR COURT USE ONLY
7 Supporting Documents Attach copies of supporting docum	ents such	as pror	nisso	ory notes, purchase	
orders invoices itemized statements of running accounts contra agreements and evidence of perfection of lien DO NOT SEN	acts, court	judgme	ents,	mortgages, security	
documents are not available explain If the documents are volu-	minous ati	ach a s	sumn		4 4 0007
8. Date-Stamped Copy To receive an acknowledgment of the fi					N 1 1 2007
Date Sign and print the name and title if any of t	the creditor	or oth		, ,,	
file this claim (attach copy of power of attor	mev if any	Λ	_	, i	
D. n. 11.	v Des	KIV	3	21,2/0	USA CMC
Penalty for presenting fraudulent claim. Fine of up to \$500 000 or	Musiconm	ent for	· pro ·		1072502045